

Letters

The 'games' of politicians

IN early December The Independent reported the warning of the secretary of the Department of Health and Community Services, Dr John Paterson, to health services: "We don't have the dough ... the game's over."

As a health worker, it is difficult to know what 'game' Dr Paterson is referring to - unless it is the game played by politicians and health bureaucrats. Health bureaucrats, for instance, have consistently worked to undermine the value of community-owned health services.

Paterson is reported as saying that every health service will have to justify its existence or close down. The Cranbourne Health Centre's chief executive officer is reported as welcoming the overhaul.

What, however, will be the criteria for justifying the existence of a service and who will make these decisions? A clue to this is Dr Paterson's reference to 'federal support services'.

Dr Paterson is reported as emphasising the need for a definition of roles, amalgamation of health services, rebuilding a team feeling and esprit de corps and non-interference in the running of health services.

It is a revealing mixture of reported comments - interference is the basis of the restructuring of health through coerced (jump or push) amalgamations and the rebuilding of team feelings and esprit de corps will be necessary after the restructuring for the survivors.

The characteristics of the eventual restructuring will include:

- A downsized health system.
- The introduction of competitive tendering for health services; and
- The increased privatisation of health services.

Common to this change program is a denial of the value of community ownership and control of health services such as community health centres. Community health centres were initiated

and funded by the Whitlam Labor Government (1972-75) in acknowledgement of community demands for direct participation in health - in contrast to the medical/technocrat controlled hospital.

Surviving community health centres will be incorporated within an integrated, regionalised and 'rational' health system. Community ownership will eventually become a discarded 'irrational' and 'inefficient' practice.

Centres are responding variously to this threat - from assuming their self-evident worth, protecting their own centres at the cost of others and trying to out-smart and/or anticipate the government. Many committees are lapsing into betraying their own democratic philosophy - by not informing or misinforming their members about the democratic costs and benefits.

It is ironic that as Victoria is dismantling community ownership of health services, state governments in Canada are developing an in-

creased interest in co-operative/consumer health care delivery!

- Melanie Griffiths
Frankston